THOUGHTS ON PROFESSIONAL BEHAVIOR

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Reprinted from ALUMNI TODAY — Winter 1968-69

Thoughts on professional behavior

The psychologically healthy adult deserves to be treated like a mature person and, in the last analysis, is more concerned with the nature of his diseases than anyone else; he therefore has the right to know exactly the nature of them. Physicians who withhold such information often underestimate their patients.

A paper by Philip Sandblom and associates of Lund, Sweden (*Cancer* 13:1206, Nov.-Dec. 1960), reported a careful study of the reactions of 101 cancer patients to being informed of the nature of their disease. In contrast to an appropriate group of patients who served as controls and were not told they had cancer, those who were informed came to accommodate to their changed prognosis and subsequent course significantly better than those not told by their physicians, whether they accidentally found out about their disease or not.

It appears to me that this Swedish study can serve as an excellent introduction to the subject of doctor-patient relations, sometimes referred to as professional ethics. A similar review by Kelly and Friesen (*Surgery* 27:822, June 1960) reported on a group of 100 cancer patients who had been told their diagnoses, and were interviewed approximately a year after institution of therapy. More than 90 per cent of them indicated satisfaction that they had been so informed, and but a very few wished they had not. None appeared to have undergone acute depression or other untoward reaction to receipt of this information.

A dozen years ago I cared for a patient with cancer of the breast and was pressed by the patient's daughter-in-law and son to refrain from informing her, an omission to which I consented only after they had both signed a statement in the hospital chart accepting all responsibility for this omission. Some six weeks later, when she returned for her first regular follow-up visit, she responded to my inquiry as to why she thought this radical operation had been done with the simple statement, "I guess I must have had a cancer of the breast." She seemed well accommodated to the situation and returned home to chide her daughter-in-law for thinking she could not accept this news without emotional collapse. When this patient's son was found to have metastatic malignancy some months later, all agreed that dealing with the situation would have been most difficult if we had not all come to a realization of the wisdom of full understanding, for collusion with the son in keeping the mother in ignorance would have made dealing with him almost impossible after appearance of his own disease.

It is true that there are patients who seem to be utterly unable to accommodate to such knowledge concerning themselves. I have recently cared for one who surmised and told me exactly what I had found when I visited her the morning after operation, and yet she proved never to be able to rise above a chronic state of despondency. This must be the reaction of a very small minority of persons, for the communication that a tumor of malignant nature has been found usually leads to inquiry by the patient within a day or two as to whether this meant that cancer was present. Presentation of this information to the patient can be very disturbing if done in a brusque fashion; reassurance derives from taking the time to present it in a careful and relaxed manner with obvious readiness to answer questions which inevitably arise in the patient's mind. This reaction in my own experience has usually heralded stable acceptance and sensible utilization of the patient's remaining life span, which could hardly be arranged without that understanding.

It is not only in relation to the nature of the disease process that the utmost in diplomatic and considerate forthrightness best serves the interests and equanimity of the patient and the peace of mind of the physician. The same is true in other aspects of the physician-patient relationship as well. I refer specifically to certain financial and business relations.

Certain abuses of the physician-patient relationship have unhappily persisted here and there in this country in spite of the efforts of some of our

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great professional societies to terminate them. As examples, the efforts of the American College of Surgeons, and also those of the American Medical Association, have done much in this regard.

The first of the abuses, and one of the most callous and despicable, is that of the performance of unnecessary operations. At one time in my career I came to appreciate that about once a month a patient was being transferred to the public hospital in which I worked who had been badly handled and who had developed surgical complications such as wound infections, intestinal obstruction, intestinal fistula, dehiscence, etc. Information was almost consistently not made available as to the nature of the findings at the original operation or as to the working diagnosis at that time; indeed on several occasions the only information made available was that the patient's insurance had expired. A substantial fraction of these patients died, but it was possible to talk carefully with many of them and with their families and to gain a great share of understanding concerning them, leaving the conviction that many of them were subjected to operation without proper indication. It was only after the discovery that similar numbers of patients were arriving at another governmental hospital in the community that it seemed possible to take steps to stop this practice. Through the joint efforts of several dedicated persons and professional societies, a small number of practitioners (not certified surgeons) were led to drop from practice, and this unhappy traffic ceased in the area.

Some inquiry into the mechanisms by which such a traffic had come into being left little doubt of at least one contributing factor, namely, the splitting of fees. In this type of abuse, the "surgeon" pays a portion of his surgical fee (in one instance all of it) to the physician who referred the patient to him. The State of New York has made the splitting of fees illegal, holding both the giver of a portion of the fee and the recipient guilty, a situation which renders the uncovering of information difficult, for neither is inclined to inform. One indication of such activity is the general practitioner or internist who consistently sends his own family to specialists other than those to whom he sends his patient clientele. Another is obvious to the surgeon starting in a community, who may find a patient or two sent him by Dr. X, with no further referrals, presumably because of failure of the surgeon to "contribute."

Such working relationships between practitioner and "surgeon" are found to lead to deterioration of quality of practice, for the "surgeon" is soon dependent on a small number of practitioners and is unlikely to question the need for exploratory laparotomy, for example, after the practitioner has pressed the family and patient into consultation. Thus the "surgeon," even if reasonably well trained, comes to be forced to accept implicitly the findings and conclusions of the practitioner, who is too often far less well trained than even the "surgeon." The economic compulsion to agree is too prone to outweigh the "surgeon's" clinical judgment. The path to performance of unnecessary operations becomes obvious enough. How much better and safer it is for the patient to enjoy open forthrightness from all who care for him.

(The word "surgeon" is placed in quotation marks to carry the meaning that these men are usually not properly trained and Board-certified surgeons. Those with proper credentials have little difficulty in general in gaining membership on the staffs of sound ethical hospitals.)

One hears of the practice of "ghost surgery" less now than formerly. An example is that of a well-trained surgeon whom a fellow surgeon asked to cover his practice while he vacationed in the South. Some days after his departure, the covering surgeon received a call from a physician in a suburban hospital stating that a patient there needed an emergency cholecystectomy. The surgeon arrived to find the family had been sent home and the patient had already been anesthetized in anticipation of his arrival. The surgeon was told after removal of the gall bladder (which happened

in this instance to be acutely inflamed) that the family would not be available until the following day and that the practitioner would be the one who would speak with them. The surgeon was told he need not dictate the operation or write any orders, as all this had already been done. He received a check in the mail the following morning. The covering surgeon therefore terminated at once the arrangement for coverage.

Such an arrangement can create the impression in a community that the practitioner is an excellent and successful "surgeon;" this is indeed the intent, for it adds to the prosperity of the man. It is not in the interest of the patient from any point of view. Economically, the inflated reputation built by the practitioner leads to the rendering of exorbitant bills. Professionally, it is hazardous, for what could be the resolution in the event of serious postoperative complications? Here, either the practitioner, who by his actions admits his lack of preparation, must care for them himself, or he must call for help, a move he cannot bring himself to do, since it mars his carefully built image as a "surgeon" in the hospital and community. Even if the complications are of such nature as to force the calling back of the surgeon and the problem is successfully solved, the patient then pays additional financial assessments which he would not otherwise suffer.

In some areas of the country the distribution of well-trained surgeons is such that a pattern of practice has arisen by which they make circuits among communities, operating on patients brought into each of the community hospitals, as an example, on certain days of the week, but absenting themselves after operation until the next trip around the circuit, perhaps a week or ten days later. Here again, the patients lose the security of the constant availability of the well-trained surgeon during the postoperative period, when proper surgical supervision may well be critical to his survival. Even if the patients are made fully aware of the identity of the surgeon and the nature of his travels, the plan is not well conceived in the best interests of the patients. The insidious tendency toward development of some of the abuses noted already must be obvious to the reader.

A final abuse is based upon the thesis that doctors charge according to ability of the patient to pay, in order to offset the amount of charity care rendered. Unhappily, those who have taken greatest advantage of the thesis that they may act as did Robin Hood, robbing the rich so as to help the poor, seem often in the process to have forgotten the poor in short order; this is a sad quirk which spares no areas of specialization. Human nature is afflicted with the foible that that which is more expensive must be better. This, of course, "ain't necessarily so."

Perhaps the reader may be tempted to believe that ethical difficulties are primarily to be found among surgeons. It is here that opportunities and temptations are more rife than in most areas, for the healed abdominal wall can conceal a badly botched job which could not as easily be concealed in dermatology, ophthalmology, orthopedics, or plastic surgery, as examples. It is gratifying to observe the expanding practice of ethical voluntary hospitals of limiting the privileges of treating patients in those hospitals to those areas of medicine for which the physicians involved are properly qualified. The growth of the specialty boards has done much to abet this wholesome development. It is also possible that the new Social Security health provisions may be revised and administered so as to be precise as to the adequacy of preparation of the physician or surgeon who renders care, but most members of the ethical medical profession favor expansion of the ever-strengthening non-statutory patterns of control.

Although one may outline, as above, some of the various abuses and some of the mechanisms by which they may be suppressed, the final judgment in the conscience of each member of the medical profession lies simply in that same forthright pattern of doctor-patient relationship which he would desire if he were in the position of his patient. □